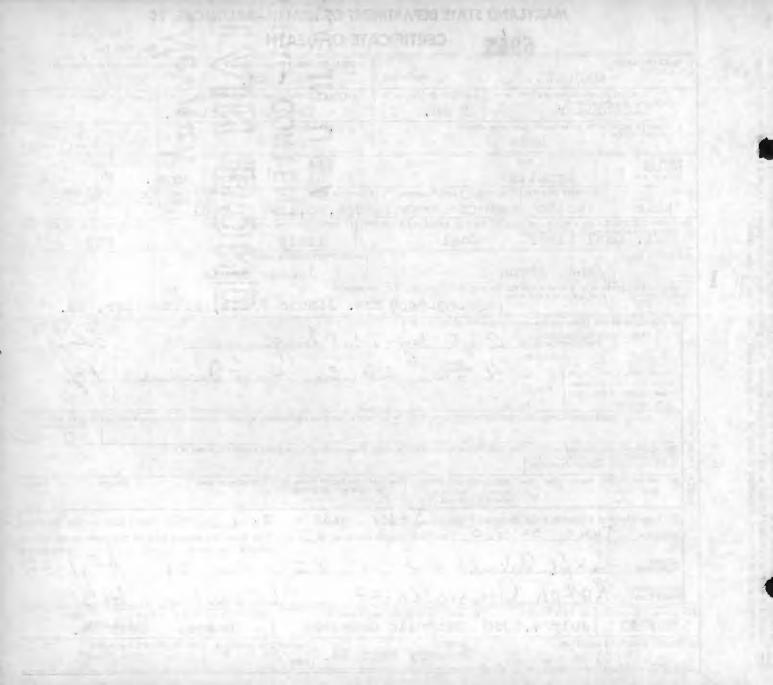
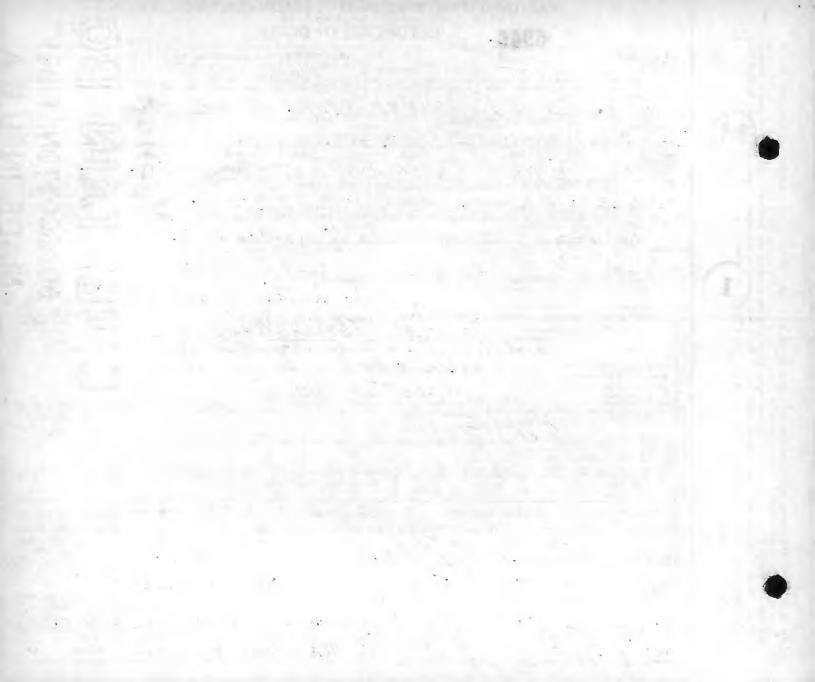
VS A15 (4) 15M 10/57

MARYLAND S	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
COLE	CERTIFICATE	OF DEATH	

	1134				Re	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Garrett	MARYLAND	II O STATE	Where deceased live	L COLINITY	esidence before admission) UCKET	/
b. CITY OR TOWN RURAL and give KITZ	(If outside corporate limits, write neared town] MILLET	e. LENGTH OF STAY IN 16	H	omas, Wes		ond give nearest lown)	
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, give stre None	et oddress)	d. STREET ADDRES	5\$	85)	e. IS RESIDEN ON A FAR YES NO	SW3
3. NAME OF DECEASED (Type or print)	Egnatts	Middle	AVONA	4. DATE OF DEATH	Month June	Doy Yeor 30 19 (	60
s. sex male	white woo	ARRIED NEVER MARRIED DIVORCED DIVORCED	Sept.30,1	878 "	AGE (In years of United Street, 1975)  81 yrs.	nder I YEAR IF UNDER 24	HRS.
Ret. C	TION (Give kind of work done 10 orking life, even if retired) ORL MINET	b. KIND OF BUSINESS OR INDU Coal	USTRY 11. BIRTHPLACE (	State or foreign countr	ry) 1	2. CITIZEN OF WHAT COU	JNTRY
13. FATHER'S NAME	Towns Arrens		14. MOTHER'S MAID				
15. WAS DECEASED EN	James Avona VER IN U. S. ARMED FORCES?    Iff yes, give wor or dotage of service)	6. SOCIAL SECURITY NO. 17. 232-09-6407 M	INFORMANT	nie Reni e Pratt.	Address	ller Md	
Conditions, if gove rise to couse (o), statin lying couse lost	g the under-	arterio - se	Clevote 1	HOUT S	ONDITION GIVEN II	N PART I(o) 19. WAS AUTO	DPSY
20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF		ESCRIBE HOW INJURY OCCURRE				PERFORMET YES NO	D?
20c. TIME OF INJU Hour o. m p. m.	. Whi	INJURY OCCURRED 20e. PL le Not while fa ork of work	ACE OF INJURY (Home, actory, street, office bldg.	form, 20f. (City or t	lown)	(County) (S	Slole)
21. I certify alive on	RALPH C			25AM, from th		at I last saw the deco	bove.
22g. BURIAL, CREMATI	July 4,196	22c. NAME OF CEMETERY OF Catholic			(City, town, or Ear	unty) (Slote) West Va.	A Sign and the sign of
23. FUNERAL DIRECTO	R'S SIGNATURE	Adoress Thomas, We	st Va.	REC'D BY REGISTRAS	24b. REGISTRAF		



1 10	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  1 tem 2 FilmG264 6-14-60 et
· ·	6946 CERTIFICATE OF DEATH  Reg. Dist. No.
director,	1. PLACE OF DEATH  o. COUNTY  ARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE THAT PLAND  b. COUNTY
Id be fi	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CRANTSULLE, MR ABOUT 4MD BALTIMORE, MD
# (M)	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  ON A FARM?  YES   NO
filled ages 1 ag	3. NAME OF DECEASED (Type or print) DAISY VIRGINIA BOLT BOLT DEATH JONE 3 1960
Pa	S. SEX  6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  FEMALE WHOWED DIVORCED FEB. 27 1885  9. AGE (In years lost birthdoy)  75 75.  Months Doys Hours Min.
and camplet ban papers. ir death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  WETIRED:  STEAM STRESS MEADOWUIEW VA. 71.5. A.
icion affe	13. FATHER'S NAME W SPRIGGS LLA NORA BALLAN,
e remove	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16: SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes, give war or dotest of service) (Yes, no, or unknown) (If yes, give war or dotest of service)
attending n please r	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o].  Cerebral Abstracy Occurs  ONSET AND DEATH
by the it. The yearly even	Conditions, if any, which) (b) arteriosclerosco)
ian. signed nsit perm and in a	gove rise to immediate cause (o), stating the under-lying couse lost.  DUE TO Deabettes Mellitis
physicians beer intransional a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \[ \] NO [A]
ficate h the bur ar rem	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
al ar at this certi	20c. TIME OF INJURY Month, Day, Year Hour a.m.  19 Not while of work o
After After ched fo rrial, cr	21. I certify that I attended the deceased from 2 - 13, 1960, to 6-3, 1969 that I last saw the deceased alive an 6-2, 1960, and that death accurred at 10:00 Am, from the causes and an the date stated above.
d by the	ACTUAL SECONARD STORES (Street, city or lowyr, stole)  ACTUAL SECONARD 209 Worth St 6-4-6.
RAC DIR	PHYSICIAN'S LEONARD L'ROCKMD Megersdale &
may be O FUNERAC page 3 shou	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) NEW GERMANY METHODS GRANTSUILLE GARRETT COM
A15 (4) M 9/58	23. FYNERAL DIRECTOR'S STENATURE / GADDRESS GRATURE / LOW MEAN GRATURE / DATE JUN 9 '60 CILLIN 8. KINGLE



TO HOSPIT

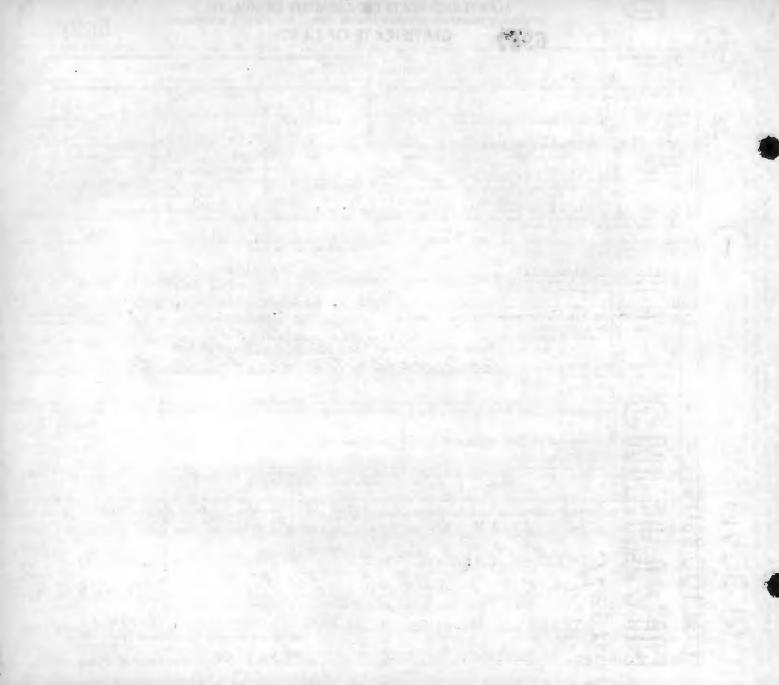
VR A1S (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

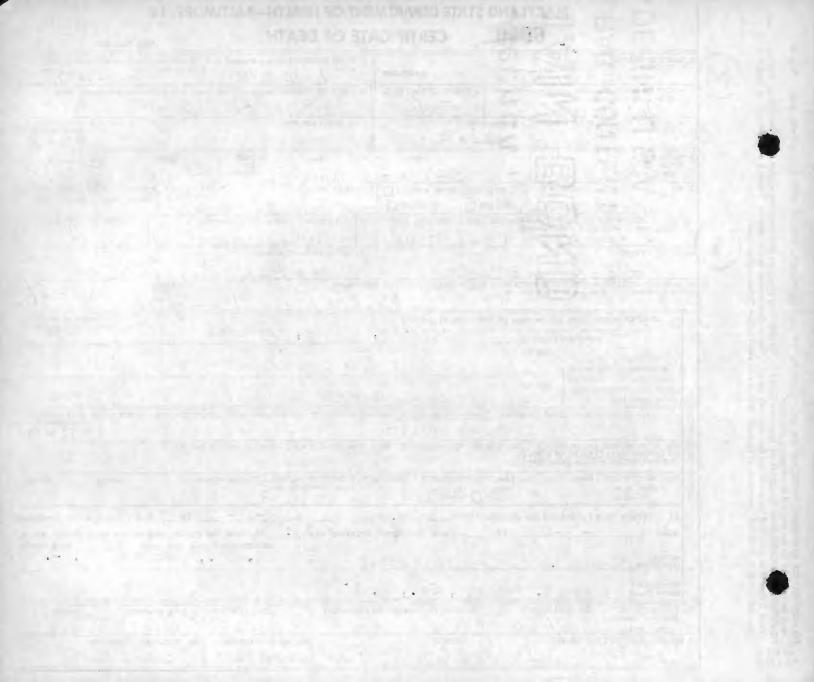
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

6947

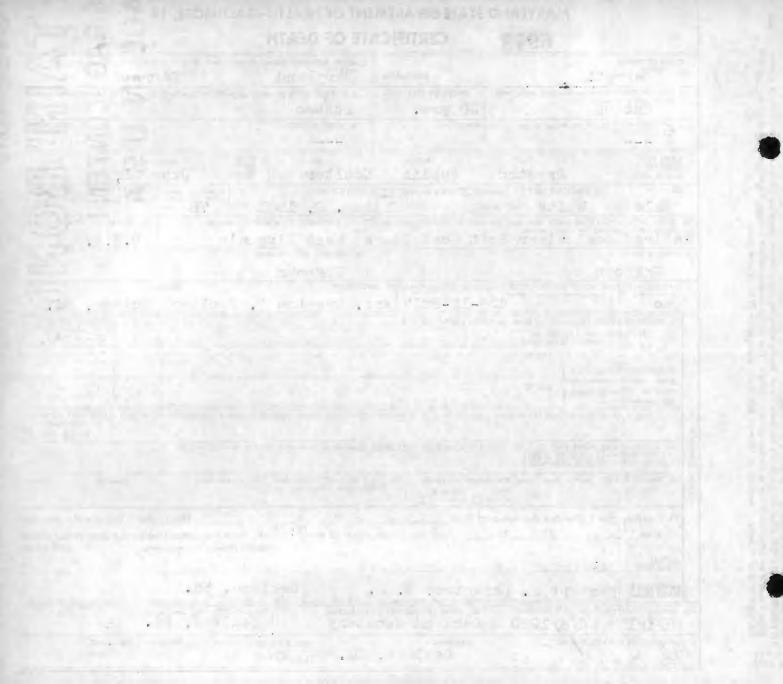
	4-1							
a. COUNTY		MARYLAND	2. USUAL RESIDENCE (No. STATE Mary		b. COUNTY		gany	sion
b. CITY OR TOWN (If outside corporate limit	ts, write c. LENGTH (	OF STAY IN 1b	c. CITY OR TOWN (I		te limits, write R		(1) (I)	n)
RURAL and give nearest town)		eeks	LaVa		A 1	V.	-	
d. NAME OF HOSPITAL (If not in hospital, g		CONS	d. STREET ADDRESS	16		-	e. 15 RES	IDENCE
or Institution			735	LaVale !	Terrace			FARM?
3. NAME OF Fig.		Middle	Last	4. DATE	Mon	th	Doy	Year
(Type or print) PATTIE	MARIA	BUCKLEY		OF DEATH	June	30		19 60
S. SEX 6. COLOR OR RACE	7. MARRIED NEVE		DATE OF BIRTH	9.	AGE (In years last birthday)	Months Do	EAR IF UND	ER 24 HRS. Min.
emale White			ct. 2, 187		83 yrs.			
<ol> <li>USUAL OCCUPATION (Give kind of wark a during most of working life, even if retired)</li> </ol>	lane 10b. KIND OF BUS	INESS OR INDUST					N OF WHAT	COUNTRY?
lousewife	Own Hom	e	Birmingh		land	U	ISA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
William Thomas Hot	t		Maria Re	M				
(Yes, ng, or unknown) [1] (If yes, give wor or dotes of se		RITY NO. 17, IN	ORMANT	73	5 Lavar	e Terr	ace	
no	none	Joh	n G. Buckl	ey La	Vale, M	arylan	id	
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	aster	wself	argerios	easto	iclas	w		
PART II. OTHER SIGNIFICANT CONI  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)	DITIONS CONTRIBUTING	G TO DEATH BUT N	NOT RELATED TO THE TER	MINAL DISEASE O	CONDITION GIV	EN IN PART 1	PERFO	AUTOPSY PRMED?
	20b. DESCRIBE HOW II	NJURY OCCURRED	. (Enter nature of injury i	in Part I ar Part I	l of item 1B.)			
20c. TIME OF INJURY Manth, Day, Yee Haur a. m. p. m.	20d. INJURY OCCUI While Nat whi at wark at work	le fact	CE OF INJURY (Home, fa ary, street, affice bidg.,		r tawn)	(Cau	unty)	(State)
21. I certify that (I) (this haspital			6 - 13		6 - 30 ne causes an			
Teonard	Lock	0		MED. DIRECTOR	STAFF PHYS.	July	27	
22c. PHYSICIAN'S NAME (Type) LEONAR			3 1004 4000000					SIGNED
	DLK	ock MI	22d. ADDRESS 209	Morth	St NI	legens	dale	
23a. BURIAL, CREMATION, 23b. DATE THEREO REMOVAL (Specify)	F 23c. NAME	OF CEMETERY OR	209 CREMATORY		St N		da le	960
REMOVAL (Specify) Rurial 7/2/60	F 23c. NAME	of CEMETERY OR	CREMATORY Lal Park	Cumber	land,	larylar	nd	960
REMOVAL (Specify)	F 23c. NAME Filler ADDRES	of CEMETERY OR est Buri	CREMATORY Lal Park 250. RE		land, P		nd ATURE	SIGNED 960



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 66920 6940 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN/If guiside carparate limits, write RURAL and give negrest town) RURAJepnd give neorest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO K NAME OF DECEASED 4. DATE Middle Month Year OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH Months Days Hours DIVORCED [7] WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) POUSEWIFF 3 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 11/09/00 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Pneumonitis, static, terminal DUE TO Hypertensive cardiovascular disease Years Canditions, if ony, which gave rise to immediate DUE TO couse (a), stating the under-Cereberal vascular accident 6 years lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Diabetes mellitus YES NOTE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, affice bldg., etc.) 0. m. at work of of work p. m 21. I certify that I attended the deceased from 19\_\_\_\_that I last saw the deceased \_\_\_\_\_, and that death accurred at 10:20 A, from the causes and on the date stated above alive o Oakland, Md. 6-19 PHYSICIAN'S James H. Feaster, Jr., NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE JUN 2 2 160 arthur & Kraus 1SM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6949 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY ° Maryland Garrett **b.** COUNTY MARYLAND Garrett b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c., CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL ond give neasest town) 40 Kempton Kempton Vrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION None NAME OF First Middle 4. DATE Last Month DECEASED DICE Ernest Paul June (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SFX 8. DATE OF BIRTH 9. AGE (In years FUNDER TYEAR IF UNDER 24 HRS loss by theory) Months Jan.26,1896 male white bon papers. or death. WIDOWED | DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working Life, even if retired) Coal Thomas, W.Va. Coal Miner 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen Dice James Baker 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Yes Mrs. Grace Dice. Kempton. Md. 232-03-2229 iB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoling the underlying couse lost. PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port II or Part III of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, form, 20f (City or tawn) factory, street, office bldg . etc.) 0. m. While Not while ot work of work p. m. 19 60 that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death occurred at 1/4 M. from the causes and on the date stated above. ADDRESS (Street, city or lown, state) ACTUAL PHYSICIAN'S A.E. MANCE, M.D. OAKLAND, MARYLANT NAME (Type) 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 220 BURIAL, CREMATION. 22d LOCATION (City, town, or county) Hartmansville Cem. June 20.1960 Hartmansville, W.Va. 23 FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR V5 A15 (4) DATE JUN 2 7 '60 arthur & Turne

06925

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES TO NO.

> > (State)

DATE SIGNED

Day

17

Days

USA

(County)

YES NO

Year

1960

15M 10/57



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	06924
± 8 €	6050 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
se ex suld i	3 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence by	
Pleo 4 she o	O. COUNTY GARRETT MARYLAND O. STATE MARYLAND D. COUNTY GARA	PETT
Signal Signal	b. CITY OR TOWN (if outside corporate limits, write RURAL ond give	negrest town)
la b	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	. IS RESIDENCE
is of the second		YES NO
ny del meral yaur ggistra	3. NAME OF DECEASED (Type or print)  OHN  Middle  Lost  4. DATE  Month  DO  OF  DEATH  JUNE  5	Year 1960
The for	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 6. DATE OF BIRTH  9. AGE (In years legy birthday)  Months Days  Months Days	AR IF UNDER 24 HRS. Hours Min.
death 13 to etain 2 with		OF WHAT COUNTRY?
ifter be and	WOODS MAN MICHARD CODDINGTON CORANTSUILLE GARRIETT LO 1/1	> U.S.A.
and and	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  F. M. A. B. T. F. F. P.  14. MOTHER'S MAIDEN NAME  R. T. F. F. P.  15. FATHER'S MAIDEN NAME  R. T. F. F. P.  16. M. A. B. T. F. F. P.  17. FATHER'S MAIDEN NAME  R. T. F. F. P.  18. M. A. B. T. F. F. P.  19. M. A. B. T. F. F. P.  19. M. A. B. T. F. F. P.  19. M. A. B. T. F. P.  19. M. A. B. T. F. F	
Poge 5	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown)   (If yes, give wor or doing of service)	2000
CHAIL AND	213-18-2582 Was Hellie Durst Grantsvelle	EMd.
ored will 18. Committee Permitte	PART I. DEATH WAS CAUSED BY:  COR ONARY OCCLUSION LEFTI	TERVAL BETWEEN NSET AND DEATH SUDDEN
Perecusion of the Perecusion o	DUETO GOD ON ADAY GOT TO OGT G	
d be	Conditions, if any, which gover rise to Immediate couse DUE TO	
hauld alar	(o), stating the underlying course lost.	
Hicate as Office as d as d	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES NO
d 'pen miner's d be u	20o. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	
INER: II	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) (Caunty)  While Not work of work of work of work	(Stote)
Fing Med Med	21. I certify that I toak charge of the remains described abave, held an Autopsy 📆, Inspection 🔣, Inquiry	, and find that
Chief	death resulted fram: Natural causes X, Accident , Suicide , Homicide , Undetermined cause .	
AEDIC, Historica the Control of the	ACTUAL SIGNATURE G. M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
RAIL aval.	ASSISTANT MEDICAL EXAMINER   EXAMINER'S  EXAMINER'S	3000
cute 14 forwar or rem	220. BURIAL CREMATION, 22b. DATE THEREOF. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county)	1960 (Stote)
01 04 07 07 07 07 07 07 07 07 07 07 07 07 07	BURIAL 6/8/60 DURST GRANTSUILLE, GARRET	T 6th
VS. A15ME(5) 5M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE JUN 9 '60 archar 8. H	



PAGE OF DEATH   C. CENT OR TOWN (If movine copposed bends, were BURAL   C. LENGTH OF STAY IN 16   D. CITY OR TOWN (If outside corporate lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of own necret lumit, write BURAL and give necrest town of some necrest lumit, write BURAL and give necrest town of some necrest lumit, write BURAL and give necrest town of some necrest lumit, write BURAL and give necrest lumit.    A DATE   DATE   DATE   NAME of COLOR OR RACE   7. MARRIED   NEVER MARRIED   1. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COLOR   1. MOTHER'S MAIDEN NAME   12. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTH				MARY	LAN	D STATE	DEPART	ME	NT OF HEALT	H-BA	LTIMORE,	18	665	15%	
Description of the second approximation, who but a c. LENGTH of STAY IN ID. Description of the second approximation of the second approximatio				6051	EDI	CAL EXA	MINE	R'S	CERTIFICA	TE OF	DEATH			,	
b. CITY OF TOWN IT avoide corporate laws, were required.    C. CITY OF TOWN IT avoide corporate laws, were required.	M	1,	MACE OF DEATH	ett			MARYLAI	GN						ore odmis	sion)
d. NAME OF HOWITAL OR INSTITUTION (If not in horphol, give street eddress)  B. & O. Railroad Track  B. & O. Railroad Track  ROSE  ROSE  ROSE  ROSE  MCRObie  Felda  June  June		1	Deer Pa	(It outside corporate limits, with the corporate limits and the corporate limits.	rne RURAI			1b						arest tow	rn}
PART I. DEATH MAS CAUSE DY: PRACTURED SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	7		I. NAME OF HOSP	ITAL OR INSTITUTION	*		reet address)							ON	SIDENCE A FARM? NO X
Female White widowed one over the professor in the foreign of the	/ 3		DECEASED	ma.		McI				OF					60
House Work   Own Home   Maryland.   U.S.A.		5. 5				_				879	(ast birthday)				R 24 HRS. Min.
Francis McRobie  15. WAS DECASED EYER NI U. S. ARMEE PROCESS 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Albert Males Shallmar, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY. No. 10 PROCESS 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Albert Males Shallmar, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY. No. 10 PROCESS		100	USUAL OCCUPAT Juring most of work HOUSE W	ION (Give kind of worling life, even if retired OPK	k done			XUSTR'			country)				OUNTRY
If yes, give were of dates of services   Mrs. Albert Males Shallmar, Md.		13.		McRobie	•										
PART I. DEATH WAS CAUSE BY.  MANEDIATE CAUSE (a)  DUE TO Crushed chest  Conditions, if ony, which gove file to Immediate cause (a). Fr. ctured left arm  Gol, stoling the underlying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU FERFORM YES.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU FERFORM YES.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU FERFORM YES.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU FERFORM YES.  PART II. DEATH WAS CAUSE WAS GOVERNOON TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU FERFORM YES.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON YES.  PART II. DEATH WAS CAUSE WAS GOVERNOON TO THE CONTRIBUTION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU GOVERNOON TO THE TERMINAL DISEASE CONDITION GIVEN IN		15. (Yes	, na, er unknown)			16. SOCIAL SECT				Males			, Me	d.	
Due to Crushed chest  Canditions, if ony, which gove rise to immediate cover (b), storing the underlying course last.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IP WAS AUTHOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IP WAS AUTHOR CONTRIBUTING TO COURSED. (Enter notive of injury in Part I or Part II of item 18)  Struck by B. & O. Freight train Deer Park, Id. Cro  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Month, Day, Year Of While Not while of work of work.  21. I certify that I took charge of the remains described obave, held on Autopsy . Inspection . Inquiry . and fir death resulted fram: Natural courses. Accident . Suicide . Homicide . Undetermined couse .  ACTUAL  EXAMINER'S NAME (type) James H. Fearter, Jr. N. D. DEPUN MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINE				ATH WAS CAUSED BY				11							EN DH
gover fise to Immediate course (a), stoling the underlying (b), stoling the underlying (course lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORM PRIVARY OF CONTRIBUTING   206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Fart II of item 18.)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORM PRIVARY I or CONTRIBUTING   206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Fart II of item 18.)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AU PERFORM	1		Canditians, if	/	~				2 2279				Mi	ns.	
PERFORM YES			gave rise to imm {a}, stoting the	ediote couse											
200. EXTERNAL CAUSE WAS  200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.)  Struck by B. & O. Freight train Deer Park, id. Cro  200. TIME OF INJURY Month, Day, Year  200. TIME OF INJURY (Home, form.)  201. County)  While of work of work.  202. Time Of INJURY (Home, form.)  203. TIME OF INJURY (Home, form.)  204. (City or town)  (County)  While of work of work of work of work of work.  204. Crossing Deer Park, Garr. Md.  21. I certify that I took chorge af the remains described obave, held on Autopsy Inspection Inquiry and fired the resulted fram: Natural couses  ACTUAL  SIGNATURE  ASSISTANT MEDICAL EXAMINER  ACTUAL  ACTUAL  SIGNATURE  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDI	C	ATION	PART II, OT	THER SIGNIFICANT CO	NOITION	NS CONTRIBUTING	TO DEATH BE	UT NO	OT RELATED TO THE TERM	INALDISEAS	SE CONDITION GIV	EN IN PAR		PERFOR	YZGOTU. SGBMS
21. I certify that I took charge af the remains described above, held on Autopsy   Inspection   Inquiry   and fir death resulted fram: Natural couses   Accident   Suicide   Homicide   Undetermined couse   .  ACTUAL SIGNATURE   ACCIDENT   ACCI	949	CERTIFIC	20a. EXTERNAL CAPRIMARY Lor CO	LUSE WAS ONTRIBUTING [	Str	uck by	B. &	). (Ent	Freight t	rain	Deer Pa	ırk,	Fld.	Cro	o.si
21. I certify that I took charge af the remains described obave, held on Autopsy   Inspection   Inquiry   and fir death resulted fram: Natural couses   Accident   Suicide   Homicide   Undetermined couse   .  ACTUAL SIGNATURE   ACCIDENT   ACCI	1/	WEDICAL	Hour a.m	6-10-60	11	White Not w	Alle a "I	fector	y, street, office bidg , etc	-) (		•		Ma	(State)
ACTUAL SIGNATURE SIGNATURE ( DATE SIGNATURE SI			21. I certify	that I took chorg	e af t	he remoins d	escribed o	bay	e, held on Autops	у 🔲 . І	nspection 🗾,	Inqui	ιу 🔁,		nd tha
ASSISTANT MEDICAL EXAMINER   6-19-60  EXAMINER'S NAME (Type) James H. Fearter, Jr., M. D. Deputy Medical Examiner (2)  220. BUR AL, CREMATION, 226. DATE THEREOF TO METRIC ON GRENDICKY CALL, METRICAL TOWN, CAPOUTLY (Signe)  BUHLLI (Precify) 6/22/1960 Nethicin Hill Confectory File Gardon, W. Va.	1		ACTUAL			1 "	1		CHIEF HENICAL E			.0030	3.	DATE SI	CHED
220. BUR AL, CREMATION, 226. DATE THEREOF PROMETER ON GRENNICKY CHI, TOTAL CANON (CHESTICAL SOUTH) (Stole)  BUT IN Specify) 6/22/1960 We the in HIII Come tory Elk Gardon, W. Va.	Pille.		EXAMINERS				7		ASSISTANT MEDIC	AL EXAMINI	ER 🗆	6	-19	-60	
23 ELINERAL DIRECTOR'S SIGNATURE ADDRESS IN SECURITIES IN SECURITIES IN SECURITIES		220	BUR AL, CREMATI	ON, 226. DATE THERE	OF			<u> </u>	RENDIONY eur,			Se Joonty	Va	(State)	1-1
amy M. Sharbles Blaine, 11/19 DAMIN 21:50		23.	1 m	R'S SIGNATURE	200	ADDRES	is in a	//	11 119			STRAR'S SI	GNATUR	E	



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
\$ \$ €		MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. No.
should be	BA	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Secondary Secondary	MI)	o. COUNTY GAILETT MARYLAND O. STATE Maryland b. COUNTY Allegany
Ssary, g Page 4 burial,		b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown)
		Rural. McHenry, Md. Hours Frostburg
hece tar.	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
S. T. T.	/\	216 W. Main Street YES NO
delo ur itror		NAME OF First Middle Lost 4. DATE Month Doy Year OF
any de funeral ar yaur registro		(Type or print) Shirley Lee Green DEATH June 5th. 1960
= 0 7/2-		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lear birthdoy) Months Doys Hours Min.
를 5를 <del>로</del> ▮	)	WIDOWED DIVORCED   Sept. 24th, 1952   7 yr.
er dec and 3 e reld re/2 v		00. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country)  12. CITIZEN OF WHAT COUNTRY  during most of working life, even if retired)
offer 2, ar		Maryland USA  3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
E 1		Arthur C. Green Elizabeth Moore
4 ho 29 5 20 5 Pog		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
Page P		Arthur C. Green, Box 188, Rt. 1. F' bg. Md.
d with D. Gi PM3. mit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
Ted Perry		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning Sudden
xecu Item sit		Ç25X DUETO
will so	V	Conditions, if any, which) (b)
uld 1 ang urial		gove rise to immediate cause (o), stoling the underlying DUE TO
shq e al a b		cause lost. (c)
icate sl ing: in Office sd as a	A STATE OF THE STA	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO OF CONTRIBUTING PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY TO
海道でる	Edwar.	YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Lar Part II of item 18.)
ipe ine ine i be		20a. EXTERNAL CAUSE WAS PRIMARY G or ONTRIBUTING D Parked auto drifted into Deep Creek Lake and drowned
VER: This he word of cal Exami shawld		
New Year	6 %	20c. TIME OF INJURY Month, Doy, Year C Codynauth Cocurred 1960 PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)  Hour seym.  While Not while of work of Deep Creek Lake Rural, McHenry, Garr.,
(AMINE)		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . Inquiry . Inquiry . Inquiry .
MEDICAL EX Hificote, mith to the Chief DIRECTOR:		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
CAL Se Ch		
AED AFFO	>	SIGNATURE CHIEF MEDICAL EXAMINER .
Yal.	Mary Property	EXAMINER'S James H. Ferster, Jr. M. D. DEPITY MEDICAL EXAMINER 53 6-5-60
DEPUT		The type Came of the Louis of t
cute forw		20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)  REMOVAL (Specify)  Md
H H		Burial 6-8-60 Sunset Memorial Park Cumberland, Md.
VS. A15ME(5)		Jack Frostburg. Md.   240. REC'D BY REGISTRAR'S SIGNATURE   240. REGISTRAR
5M 9/55		TOSOBULE, PLOSOBULE, Plus



VS A15 (4) 1SM 10/57

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE, 1	1
± €eu	8 2.1	1	9-14 01		

6941 CERTIFICATE OF DEATH

Reg. Dist. No. 142

	Garr	ett		MARY	rland	g. STATE	Mary l H <i>ydd o</i>	and fund	d lived. If matiti b. COUNT	All	lega	ny	2"
b. CI	ITY OR TOWN (If	outside corporate fimi	ls, write	c LENGTH OF STAY	'IN 16	c. CITY Of 1	TOWN 1/16	ulside corpo	rote limits, write	RURAL and	give nea	rest fown	)
	0akl			17 mos	5.		Cumbe	rland	1		A 1		- 0
d. N	R INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS				1	e. 15 RESI	DENCE FARM?
	-	ett Nurs	ing	Home		814	Bucki	nghan	Road				NO 🔀
3. NAN	AE OF EASED	Fir	ni .	Middle		Lov	1	4. DATE	М	onth	Do	y 1	/eor
	e or print)	Fanny				Lloyd		DEATH	June	28	2.	1	9 60
5 SEX		6. COLOR OR RACE	7 MAR	RIED NEVER MARRI	ED 🖺	B DATE OF BIRTH	Н		9. AGE (in year tast birthday	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
Fe	emale	hite	WIDOW	ED DIVORCE	D 🔲	Dec.2	.1882		77 y		Doys	Hours	Min.
10o US	UAL OCCUPATIO	N (G ve kind of work o	done 10b.	KIND OF BUSINESS O	OR INDUS				ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
001	Housew.	ife	'	none		She	ensbu	rø.	Pa.	I	L.S.	A .	
13. FATE	HER'S NAME					14. MOTHER'S						di di M	
	Festus	Llowd				A	nna S	hryoc	k				
IS. WAS	S DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	5. 17/1	FORMANT		) //		ddress			
Trus. No.	nb	I yes, give war or dates of s	[AA168]	none	1	-hand	Il le	2/301	্ সূচ	ensbu	re.	Pa.	
18.	CAUSE OF DEA	TH [Enter only one co	use per li	ne far (a), (b), and (c)	1//	1	, )			V 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	, Co	misse har	*	Haras b.	7-21	been	,		ONS	ET AND	DEATH
1 4	124	DUE TO											
l c	onditions, if on	y, which )											
	ove rise to in		,					,	<u> </u>				
	iuse (o), stoting t ing couse last.	he <u>under-</u>											
8	PART II. OTH			CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION C	SIVEN IN PAI	RY 1(o) 1		
CATION													RMED? NO Mª
200	ACCIDENT WA	S UNDERLYING D	20b. DES	CRIBE HOW INJURY O	CCURRED	), (Enler noture o	f injury in F	art Lar Part	t (1 of item 18)			-	
20o OR (IF	EITHER, NOTIFY	MEDICAL EXAMINER)											
₹ 20c.	TIME OF INJURY	Month, Doy, Yes	or 20d, I	NJURY OCCURRED	20e. PLA	CE OF INJURY (	Home, form,	, 20f. (City	or town)	(	(County)		(Stole)
MEDICAL 20c.	Hour a.m.	19	While	Not while	foc	tory, street, office	e bldg., etc.	) [			. ,,		
			-	65.7	3	20.15%	P	) A	107			.1	
		at I attended the							126				
0"	ive an	The state of the s	, 12(	acc, and that	aeam	occurred at.			n the causes		the dat		ed above NESIGNED
ACT	TUAL (	/= ( \\ \)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Va Flan		467	4° 12 <sub>0</sub> 1	in and an	Ć.T	n, sidile)	10	1	1/01
SIG	NATURE	010		NA PA	/	W.D		المراجب المراجب				h-tracker	-KTOO
PH) NA	YSICIAN'S	1.15.7vm	企水	"TNE n.	加力	()	VAX L	.AA.	10- M	Þ			
	RIAL, CREMATION MOVAL (Specify)	, 22b. DATE THEREC	F	22c. NAME OF CEM	ETERY OF	CREMATORY		22d. 1OCA	TION (City, town	, or county)		(Stote	e)
Bu	rial	June 24	. 1	960 Ilova	Cer	neterv		Ebens	Sburg (	Cambr	ia (	Jo.	Pa.
23 FUN	ERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'I	BY REGIST		GISTRAR'S SI	GNATUR	E	
18	Link's	Willas)		Ebensburg	z. Pa	a.	DATE A	16 15'	60	Catlag ,	8. Kun	Au	

GARRETT COUNTY
HEALTH OEPTI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0692 6953 CERTIFICATE OF DEATH Red. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) . COUNTY Garrett b coungarrett Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park. Vrs. Mt. Lake Park. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE or institution Lynn Heights Loch Lynn Heights YES NO TE NAME OF Middle 4. DATE Month Year DECEASED OF Margaret O'Donnell Martini 10 60 June 23. (Type or print) 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Barthdoy) Female White June 10. 1871 DIVORCED | WIDOWED IX 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
House Work Own Home West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward O'Donnell Margaret Hoban 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Miss Mary O'Donnell Mt. Lake Park. Md. no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Coronary Artery Disease due to DUE TO Arteriosclerosis Conditions, if any, which gove rise to immediate **DUE TO** couse (a), sloting the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTPIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.1 Not while of work ol work to June 23, 21. I certify that I attended the deceased from January \_\_\_\_,that I last saw the deceased -60 alive on June 23. \_, and that death accurred at M, from the causes and an the date stated above ADDRESS (Street, city or town, state) Oakland. Maryland Oakland, Md. Andrew E. Mance, M. D. 22c NAME OF CEMETERY OR CREMATORY Oakland, Md. 220. BURIAL CREMATION, (Stote) Catholic Cemetery 23 FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR **ADDRESS** 24b. REGISTRAR'S SIGNATURE Oakland, Md. attent & Frank VS A15 (4) 15M 10/57

1	\ .		MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18	ccors
. D .	X		MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	66328
ld by	1		6054		lit. No.
should be cremation	1	1.	AACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Resid	ence before admission)
D	IM	<u> </u>	GARRETT MARYLANG	7/17/1/2/1/14	PRRETT
Page , burial,		1 '	CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	d give nearest town)
5 . D		-	4CCIDENT, NO. 1/10	PHECIDIENT N.D. MID.	
oy is m	V		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES MO  NO
del pro- stra			AME OF First Middle	Lost 4. DATE Month OF	Day Year
f any de funero or your		$\vdash$		AUST DEATH JUNE 11	1960
프 축 수 하 수		5. 3	THE THE PARTY OF T		TYEAR IF UNDER 24 HRS. Days Hours Min.
유민		100	MALE WHITE WIDOWED DIVORCED	HDRIL 6, 1900 00 m.	
nd 3	*	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- uring most of working life, even if retired)	es A A	1ZEN OF WHAT COUNTRY?
after 2, on y be		13	FARMER OWN FARM	14. MOTHER'S MAIDEN NAME:	413,14
1, 2 may	<u> </u>	100	March Marie	14. MOTHER'S MAIDEN NAME	
A hour ages 1 ge 5 m pages		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	HIPPRIMANT Address	- / 1 1 0
Oive P. S. Page .		{Yes	no, or unknown) (If yes, give war or dates of service)	Villis Maust accident	Rolling.
P. S.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  PTIT.MONAPV	EMPAT TON MAGATITE	SUDDEN
cute m l			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PULMONARY	EMBOLISM, MASSIVE	SUDDEN
exe n te ith f			DUE TO TOP CONTIDE	OF FEMUR, RIGHT	TIS Dome
Gilli Sw altr	7	1	pave rise to immediate couse	or remon, atom	15 Days
avlo pen alon buri			(a), stating the underlying DUE TO		
9 0 0 0		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY
Jing of		CERTIFICATION	FRACTURE OF 2-3-4-5-6		PERFORMED?
pen pen per		THE		(Enter nature of Injury in Part I or Part II of item 1B.)	
This rd rd	*		10101001111		
\$ E &	35	DICAL	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PL Hour a, m, White Not white	ACE OF INJURY (Home, form, clary, street, office bldg., etc.) 20f. (City or town) (Co	unty) (State)
AN THE SHOPE		WEDI	LL:30 = May 27 1960 of work at work R	t. #219 3miles S.Mversdale.	Som. Pa.
XAA Iting F Me			21. I certify that I taak charge of the remains described ab		ry 📉 and find that
A Price			death resulted fram: Natural causes 🔲, Accident 📈, Su	vicide 🔲, Hamicide 🔲, Undetermined cause 🔲	].
Se e e e e e e e e e e e e e e e e e e	ν		ACTUAL DE		DATE SIGNED
This of			SIGNATURE	M.D. CHIEF MEDICAL EXAMINER	8711 0101460
FI WE WAY	0		NAMES H. FEASTER. JR.	ASSISTANT MEDICAL EXAMINER (**)  DEPUTY MEDICAL EXAMINER (**)  TINE 11.	1060
DEPU	Te Te	220	BURIAL CREMATION. 225. DATE, THERSOF 22c. NAME OF CEMETERY O		1960
0 20 0	ō		REMOVAL (Specify) (1/4/67) MODE CO	COPITE CONTRACTOR	(Stote)
- 1		23.	WHERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	CHARLET LOVE
VS. A15ME(S	)		Van Houseaul Place tille	JUN 15'60   C	1 40



t

.



TO FUNERAL TO HOSPIT

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
6942 CERTIFICATE OF DEATH

1	PLACE OF DEATH						2	USUAL RESIDENCE (W	here deceas			ance before	admission	n)
		rett			MARY	LAND		Maryland		b. COUN	Garre	ett		
	b CITY OR TOWN (If RURAL and give nec	outside corporate lim	ts, write	c LENG	TH OF STAY	IN 1b		c. CITY OR TOWN (IF	outside com	porote limits, write	RURAL one	d give near	est town)	
L		kland		1	Day			Oakland						
ris	d. NAME OF HOSPITA	L (If not in hospital, g	ive street (	oddress)		3		d STREET ADDRESS				e	IS RESID	ENCE ARM?
1	Garrett Cou	inty Memori	al Ho	spit	al								YES 🔲	NO 🔲
3.	NAME OF DECEASED	Fir	st		Middle			Last	4. DATE		onth	Day	Ye	of
	(Type or print)	Mar	У		Lliza	bet	h	May	DEAT	H J	une	2		60
S.	SEX	6 COLOR OR RACE	7. MARR	IED 🔲 N	EVER MARRIE	ED 🗀	B. D.	ATE OF BIRTH		9 AGE (In year last birthday		Days	F UNDER Hours	24 HRS Min.
Į.	Pemale	Thite	WIDOWE	D 🔯	DIVORCE		Ar	oril 11,187	2	88 9		ouy.	110015	tarits*
10	<ul> <li>USUAL OCCUPATION during most of working</li> </ul>	N (Give kind of working life, even if retired	done 10b	KIND OF	BUSINESS O	R INDU	STRY	11 BIRTHPLACE (Stote	or fareign	country)	12, €	TIZEN OF	WHATCO	UNTRY?
	Housevif			SUN	wow .	رح		Haryland			1	J.S.A		
13	. FATHER'S NAME						14	I. MOTHER'S MAIDEN	NAME					
	P. T. Ga	rthright						Ethel Du	ckwor	th				
	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL S	ECURITY NO	17, H	NFOR	MANT		A	ddress			
Ľ	No	yes, give were as outles or a	4.7100)	No	26,		"Da	aughter" M	rs. M	ary H. B	olden	Oak	land.	Lid
	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	ne jior (a),	(b), ond (c).	}							EVAL BET	
	PART I. DEAT	H WAS CAUSED BY:	K	1120	de		J.	ice &				ONSO	TAND D	alles
		DUE TO			-			-		,			1	
	Conditions, if on	y, which )	The	111-1	or cha	· 5.	E	TEXPON	Decen	natur	, den	0X1	16200	120
	gave rise to in	mediate (	1			<del></del>					4-		11	/
	lying couse lost	he under-	266	odu	val 1	ile	EN	S Citeros:	scles	rtic M	Jelle	vol &	lord	15-174
Z	PART II. OTHI	ER SIGNIFICANT CON	D-TIONS C	ONTRIBL	TING TO DE	ATH BUT	NO	RELATED TO THE TERM	INAL DISEA	ASE CONDITION	EVEN IN P	ART 1(o) 19	WAS AL	
CERTIFICATION													PERFOR/	NO 🔲
H	20g. ACCIDENT WAS	UNDERLYING -	20b. DESC	CRIBE HO	W INJURY O	CCURRE	D (E	nter nature of injury in	Part I or P	ort II of item 18)				
		MEDICAL EXAMINER)												
MEDICAL	20c TIME OF INJURY	Month, Doy, Ye		URY OC				OF INJURY (Hame, fare street, office bldg., etc.		ity or town)		(County)		(Stote)
MED	Haur o.m.	19	While of worl	k Ot w	while rark	10	ciory,	sineer, office blog., en						
	21 Leartify that	t (1) (this haspita	l) attend	ad the	decented	fram	and	10	,53, ta	26/11	10	CC. the	+ (1) 100	al last
	1	ed alive an 20	//		7			h accurred at $73$						
	22a SIGNATURE	و حريد anve dir	4	12	r und	niui c	Jeur	il dicorred di Li	Aim, II OI	ii iiip cuoses i	and un i	ne dule		DATE
Н	Luch	15 VI	lan	00			M.D	ATTENDING PHYS	ED RECTOR [	STAFF PHYS		2/1	1	SIGNED
	220 PHYSICIAN'S	and jo	uev.	(-1				22d. ADDRESS	CACCION L			407	7.2.641	
	NAME (Type)	E. LANCE		)_				the charles Com	Tim		L.D.		T. 1.7	1
h 23	lo BURIAL, CREMAT OF		)F	23c NA	ME OF CEME	ETERY C	R CR	EMATORY		ATION (City, town			(State)	
4	REMOVAL (Specify)	(0) 25/	5 A		aletan	ud.	0	oux eterzu	00	land.	11	and!	and	
24	, FUNERAL DIRECTOR'S	SIGNATURE	^	ADD	DRESS.	201	کتک	N.C.	D BY REGI	STRAR 256 RE	GISTRAR'S	SIGNATURI	17001	
	x buck A 71	Dirinni	ch	Ce	Elan	d.	1/1	d , DATE J			arthur	S. Krai	LA.	
	merca / (1	. V . J . J . J . J			1019	1 4	1 1	- 1						



-		Dist. No.
NA	PLACE OF DEATH  O. COUNTY  Garrett  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residue.)  O. STATE  D. COUNTY  O. STATE	dence before admission)
IAI	b. CITY OR TOWN (If outside corporate limits, write RURA).   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporate limits, write RURA), or	
$\smile$	ACCL ONT 10 E 18	7 pt
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS	a, IS RESIDEN
	coal h. eniversity is y	YES NO
	3 NAME OF DECEASED (Type or print) John First Middle Lost OF DEATH JUNE 20.	Day Year 1960 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF UNDER	R TYEAR IF UNDER 24 I
	ale nite widowed Divorced 7/17/1905 54 yrs. Months	Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)	TIZEN OF WHAT COUN
~	Exc. Vice President Md. State Lic. Baltimore, Md.	
	13. FATHER'S NAME	
71	JOHN A. MENTON ANNA H. HURN	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unknown)   [If yes, give wor or dates of service)	
	MRS. JOHN A. MENTON 321 E. UN	
	18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY:  15. To cound in 7. To cound in 7.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Nyocardial Infarction	Sudden
	DUE TO	
	Conditions, if ony, which) (b)	
	Conditions, if ony, which gove rise to Immediate cause (o), stating the underlying DUE TO	
*	Conditions, if ony, which gove rise to Immediate cause (a), stating the underlying DUE TO couse lost.	DY I/- I SO WAS ADVOCA
1	Conditions, if ony, which gove rise to Immediate cause (a), stating the underlying DUE TO couse lost.	PERFORMED
**	Conditions, if ony, which gove rise to Immediate cause (a), stating the underlying DUE TO couse lost.	RT I(o) 19. WAS AUTOP PERFORMED YES NO.
7.	Conditions, if ony, which gove rise to Immediate cause (a), stating the underlying DUE TO couse lost.	PERFORMED
7	Conditions, if ony, which gove rise to Immediate cause (c), storing the underlying DUE TO couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  CAUSE OF DEATH.	PERFORMED:
***	Conditions, if ony, which gove rise to Immediate cause (c), storing the underlying DUE TO couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  CAUSE OF DEATH.	PERFORMED
1	Conditions, if ony, which gover rise to Immediate cause (o), stoting the underlying DUE TO  (o), stoting the underlying (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)  While Not while of work of work.	PERFORMED YES NO.
**	Conditions, if ony, which gove rise to Immediate cause (o), stating the underlying DUE TO couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year While Not while of work of work of work.  P. m. 19 Of work of work Injury (Home, form, 20f. (City or town) fociory, street, office bidg., etc.)  21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquir	PERFORMED YES NO OUNTY) (Slo
7	Conditions, if ony, which gover rise to Immediate cause (o), stoting the underlying DUE TO  (o), stoting the underlying (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)  While Not while of work of work.	PERFORMED YES NO OUNTY) (Slo
	Conditions, if ony, which gover rise to Immediate cause (o), stoting the underlying occuse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAIR 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  20b. Time of INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 20f. (City or town) fociory, street, office bidg., etc.)  20c. Time of INJURY hat I took charge of the remains described above, held an Autopsy Inspection 20c. Inspecti	PERFORMED YES NO OUNTY) (Slo
1	Conditions, if ony, which gove rise to Immediate cause (a), stoting the underlying DUE TO  (b), stoting the underlying DUE TO  (c), stoting the underlying DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DEATH. BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI  20a. EXTERNAL CAUSE WAS PRIMARY DO COURRED. (Enter nature of injury in Part I or Part II of item 1B.)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Month, Day, Year While of work of work of work of work.  21. I certify that I took charge of the remains described above, held an Autopsy I, Inspection X, Inqui deoth resulted from: Notural cause X, Accident J, Suicide I, Homicide I, Undetermined cause I	PERFORMED: YES NO.  NO.  Sounty) (Sto
1	Conditions, if ony, which gover rise to Immediate cause (o), stoting the underlying DUE TO  (c)	PERFORMED YES NO.
~	Conditions, if ony, which gave rise to Immediate cause (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAID COURSE OF DEATH.  20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year While Not while of work of work of work of work of work.  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquired the course of	PERFORMED: YES NO.
~	Conditions, if ony, which gave rise to Immediate cause (a), storting the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAID CAUSE OF DEATH.  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAID CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)  20c. TIME OF INJURY Month, Day, Year While Not while of work of twork of two	PERFORMED YES NO  (Slo  NO  (Slo  20-60
	Conditions, if ony, which gave rise to Immediate cause (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAID COURSE OF DEATH.  20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year While Not while of work of work of work of work of work.  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquired the course of	PERFORMED YES NO  (Store)



VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

**LAND** 

****	TALE BONDS AND		March 1 2 - 4 11			
DIVISION OF	STATISTICAL	RESEARCH	AND REC	ORDS - B	ALTIMORE	1, MARY
6943	CEI	RTIFICA	ATE O	F DEA	TH	

		694	3	CERTIF	ICA	TE	OF DEATI	H			O.C.	050		
l.	PLACE OF DEATH o. COUNTY	GAPRE	<b>.</b> Thu	MAN	DIAMB		USUAL RESIDENCE (No. STATE		sed lived. If institu b. COUNT	Υ	Residence bef		ion)	
	L CITY OR TOWN (I	outside corporate limi	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
	RURAL and give nearest town)  OAKLAND  51 HOURS						X CAKTAND							
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION						d. STREET ADDRESS					e. IS RES	IDENCE FARM?	
L		HNTY MEMOS	HAL	HCSPITAL									NO 🕅	
3	NAME OF First Mic				!		Last	4. DATE	Mo	onth	D	ау	Year	
	(Type or print)	MILES	JAY				MILLER	DEAT	0 CIVI	-	20TH		1960	
S.	SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED				B. DA	ATE OF BIRTH		9. AGE (In year last birthdoy)	-	JNDER 1 YEA	R IF UNDI	Min.	
	HALL	THITE	WIDOW			A	voist 14.	1900	59 yr	s				
100	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY)  11 BIRTHPLACE (Stole ar fareign country)  12 CITIZEN OF WHAT COUNTRY?													
_	TILL DOZER	CPERATOR		COAL MINING	3		A 104 -	NSYLVA	NIA		U.S.A.			
13.	FATHER'S NAME					14	. MOTHER'S MAIDEN	NAME						
	CLARE		~				EL.	LA HER						
15. (Ya	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of :	(CES7   16. service)	SOCIAL SECURITY NO			MANT		Ad	ldress				
-				<del></del>	MR	5.	MILES MI	LLER	CRELLIN		D.			
П		TH [Enter only one co TH WAS CAUSED BY:	ouse per li	ne fas (o), (b), and (c).	]		0000	1	1			TERVAL BE		
	41/	IMMEDIATE CAUSE (	100	eneme	W	1	att	160	Lon			9-4	au	
	TI (5 X DUE TO DI T. L T D										24			
	Canditions, if or gave rise to in	n mediole (		nema	466.1		War.	1_00	icala	2	€		10	
	cause (a), stating the <u>under-</u>   lying cause last.   (c)													
z										AUTOPSY				
2								PERFC	NO [					
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED And INJURY INJUR													
ME	Haur a. m.   While Nat while   ractary, street, office bidg, etc.)													
21 1 certify that (1) (this haspital) attended the deceased from JUNE 19									hat (!) (	we) last				
	saw the deceased alive an ILNE 20 g 1960, and that death accurred at 2:5644 from the causes and on the date stated above.  220 SIGNATURE  ATTENDING  ATTENDING  DIRECTOR  PHYS  20 JULY 60													
	22c PHYSICIAN'S NAME (Type)													
		ANDR W E.	MANC				OAKIA!	ND_MD						
230	BURIAL, CREMATION REMOVAL (Specify)	N, 236 DATE THERES		23¢ NAME OF CEN				-	TATION (City, town		,,	(Stot	le)	
2.	BUNERAL DIRECTOR		50	ADDRESS	$F_{\xi_{ij}}$	.1.	Ly Ce		Ker Cou		AR'S SIGNAT	9 CL #		
24.		-	0 0		F	· T		EC'D BY REG		TAU	Lun S. TU	LAMA		
. Inhici Fur 7 1 no e de Alend, setylend date Jun 27'60 Cultur 2. 1														



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06952 6944 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY Garrett fil ed Jarrett MARYLAND aryland b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give rearest town). Days Mt. Lake Park d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Loch Lynn Heights Garrett County Memorial Hospital YES NO NAME OF Middle 4. DATE Month Yeor DECEASED H. 19 60 (Type or print) Truman DEATH June Nosser 5. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH AGE (In years last birthday) Months Days Hours White WIDOWED | DIVORCED 10-11-1882 Male YEL 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) O. R. R. Co. U.S.A. . etired Engineer Swanton, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME di o Anna Barnhouse Daniel Mosser 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address no or unknown! 5-07-6865 no W.H.fe" Hora D. Specht Losser, I't. Lake Park 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ? INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 WAS AUTOPSY PERFORMED? YES NO 🗆 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I) or Port II of item 18 ) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc.) Hour o. m. While Not while at wark of by work p. m. 21. I certify that Lattended the deceased from ...that I last saw the deceased and that death accurred at 15 A.M. from the causes and on the date stated above. alive an ACTUAL PHYSICIAN'S Andrew E. Mance, H. J., NAME (Type) 173 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stote) Deer Park Cemetery Deer Park. Md. 23/ FUNERAL DIRECTOR'S SIGNATURE/ **ADDRESS** 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Oakland, Md. DATE JUL helone 15M 10/57



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) ay is necessary, al director, Page for your files. a. COUNTY b. COUNTY Garrett Maryland. Garrett MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Deer Park. vears Deer Park Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF Middle Last 4. DATE Month Day DECEASED OF William 23, (Typa or print) Paugh 1960 James DEATH June 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and 31 2 will 1, 2, and ige 5 may and 2 wi 48 yrs. Months 1 DIVORCED March 25. Male White WIDOWED hin 24 hours after Give Pages 1, 2, an rm PM3. Page 5 m 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Coal Mines Maryland Coal Miner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME May Collins Bert Paugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivawarordatasofservice) Mrs. William Paugh Deer Park, Md. hould be executed with the long with Office along with burial-transit permits Will 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 9 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction, acute Minutes, IMMEDIATE CAUSE (a) DUE TO certificate should Conditions, if env. which (b) "pending" gava rise to immediate causa te the certificate, writing the word "pending" forwarded to the Chief Medical Examiner's L DIRECTOR: Page 3 should be used as a set agent, prior to burial, cremation, or ren DUETO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stala) factory, street, office bldg., atc.) While Not While Hour a.m. al work at work 21. I certify that I took charge of the remains described above held an Autopsy . Inspection to Inquiry and in my opinion Natural causes X Accident Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 6-24-60 NAME (17/20) James H. Feaster Jr., M. D. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURJAL, CREMATION. 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) Deer Park, Md. Deer Park Cemetery 6/26/1960 6 Burial 240 FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Cirkling & Kraus Oakland, Md. 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

A THE RESERVE OF THE PROPERTY OF SECURITIES January Construction of the Construction of th PEG TOUR , 89 mm/s Ande thilles a state and a sale against Handwall apoll for Jina while for 4 4 medicing to the second .1" pret one done entite, neg Q2) E-10-728 of the art Secretary India arts. The second second second - The state of the single and the company that the rest total and chicagon of the contract of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) RURAL and give nearest town) 2 d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRES e. IS RESIDENCE OR INSTITUTION ON A EARM? YES IN NO 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 19 60 8. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9. AGE (In years lost birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. GOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) robable Carcinoma Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work , 1959, to Ju NE 1960, that I last saw the deceased 21. I certify that I ottended the deceased fram WUNE 19 60, and that death accurred at 1 P.M. from the couses and on the date stated above DATE SIGNED ACTUAL 40 FRIENDSVIlle PHYSICIAN'S IVERA NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, Jown, or county) (Slote) REMOVAL (Specify) 6-18-60 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) Circling & Kennes DATERESE 1SM 10/57

